

PLEASE BRING A PHOTO ID WITH YOU TO THE PRE-ENTRANCE EXAM

**ST. JOSEPH SCHOOL OF NURSING
NASHUA, NEW HAMPSHIRE**

PRE-ENTRANCE EXAM DATES

The pre-entrance exam will be offered at the Academic Center in Nashua on the following dates at 9:00 am:

Friday,	June 27, 2008
Friday,	July 11, 2008
Friday,	July 18, 2008
Friday,	July 25, 2008
Friday,	August 1, 2008
Friday,	August 8, 2008
Friday,	August 15, 2008

The test begins promptly at 9:00 am and is approximately 3 hours long.

KEEP THIS PORTION FOR YOUR RECORDS

*Please cut this portion of the coupon and mail the bottom half to the School. Upon receipt we will schedule you for the test. **YOU WILL NOT RECEIVE A CONFIRMATION NOTICE** – we will expect you on the date you have chosen.*

PLEASE CUT AND MAIL TO:

**ST. JOSEPH SCHOOL OF NURSING
5 WOODWARD AVENUE
NASHUA, NEW HAMPSHIRE 03060**

NAME: _____ TEL: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Enclosed is my (non-refundable) \$40.00 exam fee. **Program application and fee should be received prior to or on your test date.**

PLEASE CHECK PROGRAM: NURSING ASSISTANT PRACTICAL NURSING ASN LPN TO RN TRANSITION

I plan to take the pre-entrance examination on the following date at 9:00 am (please check one):

	Friday,	June 27, 2008
	Friday,	July 11, 2008
	Friday,	July 18, 2008
	Friday,	July 25, 2008
	Friday,	August 1, 2008
	Friday,	August 8, 2008
	Friday,	August 15, 2008

Date

Signature